

Reimbursement Request Form

Name: _____

Date: _____

Expenses

Budget Category	Description	Amount
Total:		

Preferred Reimbursement Method (Choose one)

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Check in the mail (usually takes up to 5 business days)

Mailing address: _____

Phone number: _____

☐

Money transfer to bank account (funds are typically available immediately)

Provide one of the following: _____

- Bank of America account number
- Zelle email address or phone number

Email completed form to treasurer.laymf@gmail.com with receipts attached!